



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90038 047 ****61.25

DOCUMENT # N01000005960					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, DAYTONA BEACH, INC.					
Principal Place of Business 137 LIVE OAK AVENUE DAYTONA BEACH, FL 32114		Mailing Address 137 LIVE OAK AVENUE DAYTONA BEACH, FL 32114		40040720 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02022008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0791015				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STACK, MELVIN D 444 SEABREEZE BLVD., SUITE 400 DAYTONA BEACH, FL 32118			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERINGER, LUCY T		NAME	FORSBERG, BARBARA H	
STREET ADDRESS	3308 OAK VISTA DR		STREET ADDRESS	7 VOLUNTEER LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZ, SUSAN A		NAME	SCHROEDER, LYNN	
STREET ADDRESS	61 MERRYWOOD CIR		STREET ADDRESS	1026 STONYBROOK CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBOTT, CAROL L		NAME	OWEN, WALTER	
STREET ADDRESS	166 FOX FIRE CIRCLE		STREET ADDRESS	1207 S. BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	DAYTONA BEACH, FL 321148	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REVELS, JEANNE		NAME	CADICK, ELLEN B	
STREET ADDRESS	3606 S PENINSULA AVE		STREET ADDRESS	2555 S. ATLANTIC AVE	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	DAYTONA BEACH, FL 3211	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSBERG, BARBARA H		NAME		
STREET ADDRESS	7 VOLUNTEER LANE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barbara H. Forsberg</u>			BARBARA H. FORSBERG 2-12-08 679-8506 (386)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		